

TO: Prospective Contractors

FROM: Geneva Shedd, Director
Bureau of Aging and In-Home Services

RE: Request for Proposal (RFP) Packet for Contracts for
Alzheimer's Disease Demonstration Grant Projects
Grant Project Term: July 1, 2001 - June 30, 2004

DATE: August 2001

Thank you for your interest in submitting a proposal for the research and evaluation contract to be funded by the Alzheimer's Disease Demonstration Grant recently received by the state of Indiana. A maximum of \$17,500 is available each year, with a total of \$52,500 budgeted for the entire three year grant period.

Your proposal packet is enclosed. Please review the packet carefully to make certain all 10 pages are present. Please pay close attention to the established page limits noted on the CHECK LIST.

Proposals are to be postmarked by Friday, September 14, 2001. In order to be considered, your proposal must be typed, doubled-spaced and submitted with two copies (a total of 3, including the original). Faxed proposals will not be accepted.

Grantees will be required to submit quarterly progress reports and may be required to meet periodically with the Bureau of Aging and In-Home Services staff assigned to this grant, the IAAAA Education Institute and the research contractor for the project. Grantees will be notified of their awards by September 24, 2001.

You may direct any questions pertaining to the attached to:

Ms. Patty Matkovic
(317) 234-0609
(800) 545-7763, ext. 234-0609

Best wishes as you plan and prepare your proposal.

GS/PM

Enclosures

PROJECT DESCRIPTION

COLLECTION OF DATA FOR THE TWO DIRECT SERVICES PROJECTS OF THE GRANT: 1) enabling Alzheimer's disease patients to attend adult day service centers; 2) providing a voluntary electronic respite program of in-home video camera monitoring of Alzheimer's patients. EVALUATION OF THE DATA COLLECTED AND DISSEMINATION OF THE RESULTS.

Note: One research entity will be awarded grant funds for the research project.

COMPONENTS OF THE RESEARCH PROJECT

1. Recommendations for changes to data collection software (INsite) to fulfill the monitoring requirements of the grant.
2. Collection of client demographic and health characteristics, client service use, and program data requested in the Data Collection Protocol of the U.S. Administration on Aging (see attached).
3. Conduct output, outcome and impact evaluations of the two direct services projects.
4. Identify the data needed to complete the evaluations mentioned in #3.
5. Publish a substantial, accurate report of findings to be disseminated at the Indiana Governor's Conference on Aging and In-Home Services, forwarded to the U.S. Administration on Aging, posted on the Bureau of Aging and In-Home Services website, distributed to all State Units on Aging, sent to all Alzheimer's associations, available for national and international conferences, and submitted for publication in appropriate journals, if applicable.

Successful proposals must include the following (but are not limited to):

1. Capability statement that the research entity can implement the required components of the research project as described above.
 2. Knowledge of data collection and management software, and ability to suggest changes to the current software (INsite).
 3. Previous experience in conducting output, outcome and impact evaluations of projects.
 4. Assurance that the research entity will work closely with the Area Agencies on Aging administering the two direct service projects, the Bureau of Aging and In-Home Services, and the Indiana Association of Area Agencies on Aging in the collection of data and the monitoring of the projects.
 5. Assurance that a substantial report will be completed by October 2004 for distribution at the 2004 Governor's Conference on Aging and In-Home Services.
- ** Submission of written progress reports are required at mid point of grant period (March 2002) and at close (July 2002).**

PROJECT PROPOSAL REQUIREMENTS
CONTRACT PERIOD: October 1, 2001 - September 30, 2004

GENERAL REQUIREMENTS FOR PROPOSALS

1. Complete and enclose the Check List. Number the Check List as page 1.
2. Complete and enclose the I. Identification Form. BE CERTAIN TO SIGN THIS FORM. Check the Project Category and complete the Budget Summary.
3. Enclose a Project Abstract. Label it as: II. Project Abstract (Include the name of your agency, organization, or business). A maximum of one typed, double-spaced page, one-sided, will be accepted.
4. Provide the requested information under Project Narrative. Label this section as: III. Project Narrative. State realistic goals and measurable objectives for the project you are proposing. Be specific. A maximum of 5 typed, doubled-spaced pages, one-sided, will be accepted. Include an organization chart, resumes, vitae, etc. as appendices. (Appendices are not counted toward the 5 page limit).
5. Complete and enclose the IV. Budget Form being certain to include any “in-kind” as well as matching funds. Indicate the source and amount of any matching funds.
6. Complete ** areas only – on Proposal Review Sheet – and attach after Letters of Support.
7. **Proposals must be complete, typed, signed, doubled-spaced, within the maximum number of pages, in triplicate, on the attached forms and submitted by the deadline – in order to be considered for funding. Faxed proposals will not be reviewed, accepted or considered.**

**** FOR EACH PAGE WHICH DOES NOT HAVE THE NAME OF YOUR AGENCY, BUSINESS OR ORGANIZATION AS PART OF THE REPORT, INCLUDE IT BENEATH THE TITLE OF THE PAGE.**

PROPOSAL CHECK LIST

Please Note: All items listed below must be postmarked by the proposal deadline of Friday, September 14, 2001. Incomplete, late or faxed proposals will not be considered.

Submit proposal packet (original and two copies) to:

Ms. Geneva Shedd, Director
Bureau of Aging and In-Home Services
Division of Disability, Aging, and Rehabilitative Services
P.O. Box 7083 - Mail Stop 21
Indianapolis, IN 46207-7083

Or, hand carry proposal packet (original and two copies) to:

Ms. Geneva Shedd, Director
Bureau of Aging and In-Home Services
Division of Disability, Aging, and Rehabilitative Services
Room W454
Indiana Government Center South
402 W. Washington Street
(on Washington Street, between Senate Avenue and West Street)

- I. _____ Identification Form (attached)
- II. _____ Project Abstract (up to one page typed, one-sided, double-spaced)
- III. _____ Project Narrative (up to 5 pages typed, one-sided, double-spaced)
 - a. _____ Define specifics you will address.
 - b. _____ Identify the goals and objectives of your project.
 - c. _____ Identify the methodology that will be used to attain your objectives.
 - d. _____ Describe your plan of action.
 - e. _____ Describe your data collection method and ability.
 - f. _____ Describe your plan to conduct output, outcome and impact evaluations.
 - g. _____ Describe your ability to administer the project. Include specifics of staffing and an organization chart.
- IV. _____ Budget Form (attached)
- V. _____ Proposal Review Sheet (complete ** areas only)

PROPOSAL

I. IDENTIFICATION FORM

Please Type and Submit in Triplicate

Address of Administrative Office	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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Agency/Organization Director (Name)	Title	Signature
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Project Director/Grant Administor	Title	Signature
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Area Code/Telephone #	Date of Incorp. & Federal I.D. Number
	(if applicable)

Project Category: Collection of data for the two direct services project of the Alzheimer's Disease
Demonstration Grant; evaluation of the data collected and dissemination of the results.

Budget Summary

Dollars Requested: \$ _____

In-kind Contributions: \$ _____
(Optional)

Matching Funds: \$ _____

Total Project Cost: \$ _____

% of Matching Funds to _____ %
Total Project Budget

II. PROJECT ABSTRACT

Please Type, Double-Space, and Submit in Triplicate (up to one page, one-side).

Write a one-page summary of your proposed project. Include the basic and vital components of your proposal. Your abstract should be very clear, concise and complete in explaining the who, what, when, where, why and how, of your proposal. Title this page Project Abstract. Include the name of your agency, organization or business.

III. PROJECT NARRATIVE

Please Type, Double-Space, and Submit in Triplicate as Numbered Below (up to 5 pages, one-side).

1. Define the specifics of what you will research. Describe the data you will collect for the two direct services project, especially with regard to the monitoring and evaluation components of the project.
2. Identify the goals and objectives of your project. Provide a broad statement of what you hope to achieve through the project.
3. Identify the methodology that will be used to attain your objectives. Provide specific statements identifying: What will you do? How will you do it? Who will be doing what? When? How will objectives be measured?
4. Describe your plan of action. State the strategies that will be used to meet each objective; identify your resources i.e., people, time, materials, money, etc. and a plan for monitoring the progress.
5. Describe your data collection method and ability. Identify the data to be collected and describe your ability to gather and manage data.
6. Describe your ability to administer the project. What staff will be allotted to this project? Will staff and volunteers be full-time or part time? What similar projects have you managed? Include an organization chart and resumes of key project personnel as appendices.

IV.PROVIDER BUDGET FORM

ORIGINAL: __ REVISION:____

PROVIDER LEGAL NAME:

PROVIDER ADDRESS:

TELEPHONE NUMBER: _____FEDERAL ID NUMBER: _____

PROJECT PERIOD October 1, 2001 - September 30, 2004

PURPOSE OF BUDGET:

SERVICE CODE	MAJOR OBJECT	DESCRIPTION	AMOUNT
2401	.1	PERSONNEL*	
2401	.2	RENT/UTILITIES	
2401	.3	TELEPHONE/POSTAGE	
2401	.4	CONTRACTED SERVICES*	
2401	.5	MATERIALS/SUPPLIES	
2401	.6	EQUIPMENT*	
2401	.7	TRAVEL*	
2401	.8	INDIRECT COST*	
2401	.9	OTHER ALLOWABLE COSTS*	
			TOTAL

***Specify on attachment to budget.**

This budget has been approved by the Board of Directors at its meeting of _____.

DATE: _____ Authorized official: _____

PROVIDER BUDGET

DESCRIPTION OF BUDGET FORM CATEGORIES

- .1 PERSONNEL: Salaries and fringe benefits. **Specify on attachment to budget.**
- .2 RENT/UTILITIES: Occupancy costs, including utilities such as electricity, etc.
- .3 TELEPHONE/POSTAGE: Local and long distance telephoning, postage including box rental, etc.
- .4 CONTRACTED SERVICES: Any administrative or program services contracted to another entity, such as copier, legal consulting, printing services. **Specify on attachment to budget.**
- .5 MATERIALS/SUPPLIES: Paper, pens, pencils, paperclips, etc.
- .6 EQUIPMENT: Office furniture and computer related equipment, copier purchase, etc. **Specify on attachment to budget.**
- .7 TRAVEL: In-state and out-of-state travel costs, covering transportation, meals, lodging, per diem. **Specify on attachment to budget.**
- .8 INDIRECT COST: Use only if an indirect rate is applicable. **If applicable, submit documentation.**
- .9 OTHER: Anything not covered elsewhere in budget. **Specify on attachment to budget.**

ALZHEIMER'S DISEASE DEMONSTRATION GRANT PROJECTS
PROPOSAL REVIEW SHEET

**Proposed Grantee

**Contact Person

**Telephone Number

REVIEW CRITERIA

1. What are the specific goals and objectives of the proposal (20)
 - a. Are the goals and objectives clearly delineated?
 - b. Are the goals and objectives consistent with the objectives stated in the Alzheimer's Disease Demonstration Grant?
2. Methodology – What is the method by which the entity will achieve its goals? (25)
 - a. What will it do?
 - b. How will it do it?
3. Plan of Evaluating Outcomes (20)
 - a. How will success be measured?
 - b. Do the objectives and activities described justify the grant expenditure?
4. Capability Statements (20)
 - a. Does the agency demonstrate the ability to administer this project?
 - b. Does the agency have adequate staff and other resources?
 - c. Does the agency have previous experience with similar project activities?
 - d. Are staff members involved in this project qualified?
 - e. Is the research entity incorporated or licensed?
5. Budget (15)
 - a. Are the expenditures reasonable and justified?
 - b. Are the items requested consistent with the priorities of the Alzheimer's Disease Demonstration Grant and the budget process?

Total Score: _____

FOR COMMITTEE DISCUSSION

Project Strengths

- 1.
- 2.
- 3.
- 4.
- 5.

Project Weaknesses

- 1.
- 2.
- 3.
- 4.
- 5.

Comments:

****Previous Division Funding? Yes ____ No ____ When?**

This form is meant as a guide for evaluating grant proposals. This form is constructed in such a way that not all questions may be applicable for research/study proposals.